Medicaid Eligibility Handbook
Worksheet Section

# MEDICAID DEDUCTIBLE WORKSHEET

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Worker Name/ Number

| Date Deductible Determined | Total Deductible Amount | Date Deductible Met |
|---|---|---|

| Case Name (Last, First, MI) | Social Security Number |
|---|---|

| Person Receiving Care | Provider Name and Address | Date Care Received | Client Obligation | Other Allowable Costs | Remaining Deductible |
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Re: Wisconsin Statutes, 49.47

(R.07/02)